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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/763,976
Filing Date	01/23/2004
First Named Inventor	Jerome S. Harms
Art Unit	1636
Examiner Name	David Guzo
Attorney Docket Number	960296.00463

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: **27114**

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**27114**

OR

<input type="checkbox"/> Firm or Individual Name	
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Address	
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City		State	Zip
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Country	
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Telephone		Email
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Gary A. Splitter</i>
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Name	Gary A. Splitter
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Date	<i>March 27, 2007</i>	Telephone (608) 262-1837
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 4 forms are submitted.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/82 (01-06)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Signature

*Jerome S. Harms*

Name

Jerome S. Harms

Date

*03/22/07*

Telephone

608-262-0359

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**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Kurt A. Eakle		
Date	3/12/07	Telephone	608-643-8151

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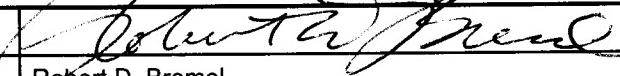
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**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Robert D. Bremel		
Date	3-12-07	Telephone	608-986-3406

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